

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**09/423259**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3		1		1		
4	1		1			
5	1		1			
6		1		1		
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8	1		1			
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TOTAL IND.	7		7			
TOTAL DEP.		9		9		
TOTAL CLAIMS	16		16			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS						